

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CHW	678140	12/3/99
O.I.P.E. CLASSIFIER		21	12/10/99
FORMALITY REVIEW	CHW	68971	12/23/99
		39900	3/9/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1 ✓ ✓	
2 ✓ ✓	
3 ✓ ✓	
4 ✓ ✓	
5 ✓ ✓	
6 ✓ ✓	
7 ✓ ✓	
8 ✓ ✓	
9 ✓ ✓	
10 ✓ ✓	
11 ✓ ✓	
12 ✓ ✓	
13 ✓ ✓	
14 ✓ ✓	
15 ✓ ✓	
16 ✓ ✓	
17 ✓ ✓	
18 ✓ ✓	
19 ✓ ✓	
20 ✓ ✓	
21 ✓ ✓	
22 ✓ ✓	
23 ✓ ✓	
24 ✓ ✓	
25 ✓ ✓	
26 ✓ ✓	
27 ✓ ✓	
28 ✓ ✓	
29 ✓ ✓	
30 ✓ ✓	
31 ✓ ✓	
32 ✓ ✓	
33 ✓ ✓	
34 ✓ ✓	
35 ✓ ✓	
36 ✓ ✓	
37 ✓ ✓	
38 ✓ ✓	
39 ✓ ✓	
40 ✓ ✓	
41 ✓ ✓	
42 ✓ ✓	
43 ✓ ✓	
44 ✓ ✓	
45 ✓ ✓	
46 ✓ ✓	
47 ✓ ✓	
48 ✓ ✓	
49 ✓ ✓	
50 ✓ ✓	

Claim	Date
Final	
Original	
51 ✓ ✓	
52 ✓ ✓	
53 ✓ ✓	
54 ✓ ✓	
55 ✓ ✓	
56 ✓ ✓	
57 ✓ ✓	
58 ✓ ✓	
59 ✓ ✓	
60 ✓ ✓	
61 ✓ ✓	
62 ✓ ✓	
63 ✓ ✓	
64 ✓ ✓	
65 ✓ ✓	
66 ✓ ✓	
67 ✓ ✓	
68 ✓ ✓	
69 ✓ ✓	
70 ✓ ✓	
71 ✓ ✓	
72 ✓ ✓	
73 ✓ ✓	
74 ✓ ✓	
75 ✓ ✓	
76 ✓ ✓	
77 ✓ ✓	
78 ✓ ✓	
79 ✓ ✓	
80 ✓ ✓	
81 ✓ ✓	
82 ✓ ✓	
83 ✓ ✓	
84 ✓ ✓	
85 ✓ ✓	
86 ✓ ✓	
87 ✓ ✓	
88 ✓ ✓	
89 ✓ ✓	
90 ✓ ✓	
91 ✓ ✓	
92 ✓ ✓	
93 ✓ ✓	
94 ✓ ✓	
95 ✓ ✓	
96 ✓ ✓	
97 ✓ ✓	
98 ✓ ✓	
99 ✓ ✓	
100 ✓ ✓	

Claim	Date
Final	
Original	
110 ✓ ✓	
112 ✓ ✓	
113 ✓ ✓	
114 ✓ ✓	
115 ✓ ✓	
116 ✓ ✓	
117 ✓ ✓	
118 ✓ ✓	
119 ✓ ✓	
120 ✓ ✓	
121 ✓ ✓	
122 ✓ ✓	
123 ✓ ✓	
124 ✓ ✓	
125 ✓ ✓	
126 ✓ ✓	
127 ✓ ✓	
128 ✓ ✓	
129 ✓ ✓	
130 ✓ ✓	
131 ✓ ✓	
132 ✓ ✓	
133 ✓ ✓	
134 ✓ ✓	
135 ✓ ✓	
136 ✓ ✓	
137 ✓ ✓	
138 ✓ ✓	
139 ✓ ✓	
140 ✓ ✓	
141 ✓ ✓	
142 ✓ ✓	
143 ✓ ✓	
144 ✓ ✓	
145 ✓ ✓	
146 ✓ ✓	
147 ✓ ✓	
148 ✓ ✓	
149 ✓ ✓	
150 ✓ ✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY